BOSTON UNIVERSITY
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RECREATION OF TWENTY PATIENTS OF THE STATE HOSPITAL FOR MENTAL DISEASES AT HOWARD, RHODE ISLAND

A Thesis

submitted by

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FOREWORD

Appreciation is here acknowledged to those individuals, personally and impersonally known, who have contributed in various ways toward making the production of this thesis both interesting and valuable to the writer; I hope it proves such to those who read it.

To all those who so generously cooperated at the State Hospital for Mental Diseases, where this study was made, many thanks are due. To the clinical director, Dr. Harold W. Williams, the writer feels indebted for his consideration in making available the data used in this study.

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CHAPTER I

INTRODUCTION

In recent time with the growing complexity of culture and its accompanying strains and stresses, recreation, as one means of relieving the tension of modern living, has become more important. As one scrutinizes the mushroom development of recreational facilities, he begins to become conscious of the lack of an underlying theoretical foundation behind the present day play movement. It is not merely a matter of theoretical consideration, however, but conjointly a consideration of practical import, for without the proper appreciation of the meaningfulness of recreation, there will result a hodge-podge of activities without a well-thought out plan for the development of facilities.

Only a limited and very special aspect of the general field of recreation will be studied in this paper, that of the value of recreation for the mentally ill. In making such a study one is struck with the widespread lack of agreement as to what is meant by recreation, and one also finds that no practical or experimental investigations of the field have been made, partially perhaps because of the complexity of the subject and partially because of the vagueness of what we mean by recreation. One is faced at the

outset by such questions as whether sleep, religion, swearing and drinking are recreational activities or not.

Because of this laxity in the use of the term 'recreation', this writer has first spent considerable space in formulating his own concept of the recreational. The rest of the paper is an attempt to explore the possibilities and values that recreation might have in the treatment of the mentally ill.

The next step after a concept of the recreational had been developed was to find a group of patients whose activities could be evaluated as to their recreational character. More than the formal recreational periods were taken into consideration, since it was suspected that perhaps some of the patients benefited from forms of amusement which they spontaneously engaged in on the wards in addition to the value they received from scheduled recreational periods. It was thus felt necessary to study the twenty-four hour activity of the patients selected. Because it was impossible for the author to continually observe the patients' activities, recourse had to be taken to the written records kept on the wards. The Adolph Meyer Building of the State Hospital for Mental Diseases of Rhode Island was selected as offering the necessary records. Twenty patients were chosen from this building for the purpose of the investigation.

The other buildings of the hospital, although offering suitable subjects, failed to provide adequate records, since limitations in facilities and lack of sufficient staff members make comprehensive recording impossible. The recreation of the patients selected was divided in to that engaged in before and during hospitalization, the expectation being that concomitant with the total emotional change in the life of the patients, there would be a reflected alteration in the recreational life.

A method of studying recreation had to be developed. Since recreation is considered in this study to be attitudinal in nature, rather than comprised of any particular set of activities, a way of studying it was sought which would evaluate the recreational activities in terms of feeling tones. An arbitrary but useful division was set up to categorize fundamental psychological needs or feeling tones of personality which could be considered with respect to the extent to which the recreational activities did or did not give expression to them. The small number of cases and large number of these divisions did not permit extensive conclusions, although any other kind of evaluation, such as a listing of the recreational activities engaged in, seemed to lack clarification of the meaningfulness of the activities to the individuals.

Throughout, this thesis is exploratory in nature.

The conclusions, although meager, perhaps at least suggest a possible way of studying the increasingly important subject of recreation.

The view that is put forth in this paper is that recreation is essentially attitudinal or psychological in nature rather than determined by any set activities. Activities, however, may be predominantly psychological in nature, as humor is, or may be primarily physiological in character, as in football or baseball, although the characterizing element in both cases is psychological, so that we are led back to a consideration of the psychological level as an expression of recreation in its clearest form. Since humor is recreation on the psychological level, a consideration of it in the following pages is first presented, so that the reader may first gain in more accentuated form the elements of the recreational. Then the more obscure but yet important physiological expressions of recreation are considered. The study itself, however, does not discuss humor so extensively.

CHAPTER II

A CONCEPT OF RECREATION

If an adequate study of recreation in a particular situation is to be made, a definition of the general meaning of recreation seems important in order to clarify what is being investigated. Moreover, in defining recreation, the meaningfulness of it will reveal itself. Without a well-formulated concept of recreation it is not only impossible to carry on an investigation of its place in a specific situation, but its function will correspondingly be nebulous. It is worthy of note that our definitions of basic studies, such as sociology, psychology or philosophy, reflect one's understanding of the function of each. In psychology, for example, Watson defined this science in behavioristic terms, while Titschener, who conceived psychology in a different manner, expressed his understanding of the nature of this study in terms of introspection.

One of the accepted principles in psychiatry today is that all behavior is purposeful. When certain forms of behavior, such as eating and drinking, are examined, the necessity of such activity for the continuance of life seems apparent, but other modes of behavior seem to have little or no meaning for human beings.

Humor is one of those forms of behavior that looks so simple and meaningless that scientists have, until recent times, neglected to scrutinize it to determine its importance. Sigmund Freud has probably done more than any other person to clarify the purpose of humor. It has been shown that the content and form of a joke are not accidental but are rather related to the specific needs of the individual. If one considers for a moment the nature of jokes concerning mother-in-laws or absent-minded professors, he will see a tinge of hostility expressed in the disguised form of a joke. Since the mores of our society do not allow of much more overt expression of hostility toward mother-in-laws or other persons who are often a source of disturbance to us, jokes are circulated which allow a release of our emotions in this socially acceptable manner.

Another indication that humor is a product of civilization is found, as A. A. Brill suggests[1], in the observation that primitive tribes and young children have little in the way of a sense of humor. Only as civilization develops does humor appear to gain in importance. When the brutal impulses of the savage are overtly expressed, there is no need for wit. This knowledge of the role of wit is utilized today. Studying

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1 A.A.Brill, "The Mechanisms of Wit and Humor in Normal and Psychopathic States", The Psychiatric Quarterly, 14:741, October, 1940.

a person's favorite jokes, which will be the ones from which he derives the most pleasure, is a method used by some psychiatrists in an attempt to locate the area of difficulty within those they are treating.

In addition to the expression of the tensions of individuals by means of words, there is also the expression of tensions through motor activity. If the character of the tension is produced by an inadequate expression of the physical needs of the organism, as in the sexual sphere, a joke relieving the psychic tension does little to alleviate the organic urge. It seems that here some sort of physical release is needed. On the other hand, if the tension is the result of attitudes of one race for another, as in the jokes about Jews, it would seem that humor, in this case, would serve the purpose and that physical release would not be so necessary.

Play, like wit, has long been allowed to go unexamined, resulting in a lack of understanding of the purpose of play or recreation (the terms are used interchangeably) in human life. Since it has been indicated that humor, a form of recreation, has become increasingly important with the development of civilization, it may be well to evaluate the other types of recreation, such as those involving predominantly motor activity, in order to determine whether

they, too, are playing a more important role in our culture today than in former years.

Although perhaps the greatest part of our effort should be directed toward changes in our social and technological setup, it will be necessary to find methods of dealing with those permanent tensions that cannot be eliminated without the collapse of the society itself, since whenever a group of individuals live together, it seems as though there is a certain minimum amount of restraint required of its members, no matter whether this be voluntarily or involuntarily imposed.

If humor has found its purpose in relieving in a predominantly psychic way the tensions that necessarily result from cultural development, it is perhaps possible that play in the form of motor activity can also do something toward relieving strains and stresses.

Play received little attention in the past until the time of Karl Groos, who made the first comprehensive study of the subject.[2] Since Groos studied both the play of animals and that of man, it seems that he interpreted the two alike, so that, not only did he conceive of the playful

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2 Karl Groos, The Play of Animals,(New York: D. Appleton & Co., 1898)

activities of the young animal as a preparation for later life, but he also thought of the play of young children as a preparation for adulthood. If play is a preparation for the child's adulthood, it would be supposed that when he was matured he would not play any longer, although, as a matter of fact, adults participate in various forms of recreation, too.

Herbert Spencer, however, even before Karl Groos, advanced the idea that recreation is an expenditure of the unused energy which individuals do not consume in pursuing their ordinary activities, although he did not make clear why recreation takes various forms. He did say, however, that recreation serves as a means of obtaining recognition for those who are unable to do so in their work activities. Mason and Mitchell report:

> The research of the authors regarding the recreational activities of men of varying professions indicate that adults turn to activities in their leisure hours which are very similar to those they engage in during their work-a-day life; one would think that the lawyer might engage in aviation, horseback riding, and northwoods canoeing, but as a matter of fact, the majority lecture, serve on committees, and argue in the smoking room of their clubs. The newspaper reporter reads, attempts to write stories, and dabbles in drama. The physical director engages in vigorous physical activity and watches athletic sports. The engineer tinkers with radios, electrical apparatus, automobiles, and building projects involving the use of tools.
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> These types of professional men use the abilities they have and do the things in which they know they are proficient. In these activities they have a feeling of mastery and success. In working hours they are somewhat hampered by routine duties but in play they have freedom to follow their own abilities in desired ways.

> Any activity for which one is particularly fitted is usually engaged in with zest and spontaneity.[3]

That the recreation of men and women is similar to their occupation, rather than radically different from it, seems to indicate that our customary viewing of recreation and work as distinct entities is false and that human beings through play express their native capacities and pursue their interests to a fuller degree.

G.T.W.Patrick interprets recreation thusly:

> The principle involved in all the forms of relaxation here studied is relief from tension or release from some form of restraint. Although this tension and restraint on the part of the individual are necessary conditions of all social evolution, they have been greatly intensified by the manner of life which characterizes the nineteenth and twentieth centuries. The repression of primitive impulses to the end of growing social needs is the fundamental law of human progress. Such continual repression necessitates constant effort, constant strain, and constant exercise of voluntary attention. It involves those higher brain centers whose development has conditioned human progress, and brings upon them a severe and constant strain, making rest and relaxation imperative.[4]

In discussing his concept of recreation or relaxation, Patrick shows how alcohol, profanity and war are expressions of human beings in their desire to rid themselves of the tensions found in their cultures.

Patrick here seems to give an essential attribute

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3 Elmer D. Mitchell and Bernard S. Mason, Theory of Play, (New York, A.S. Barnes and Co., 1935), p. 68

4 G.T.W.Patrick, The Psychology of Relaxation, (Boston and New York: Houghton and Mifflin Co., 1918), pp.18-19.

of recreation, that of relieving tension, although, at the same time, and he states this himself in his book, it does seem odd to see grouped together profanity, drinking and war as forms of recreation. One may look upon drinking as a form of recreation and see nothing unusual in so doing, although it is interesting to observe the diversity of opinion even in this respect. To look upon war as recreation, however, just because it relieves tension, is not so convincing, and somehow one feels that war is too serious an activity to be designated such. In war the primordial impulses of hate and fear are allowed undisguised vent, whereas in recreation there is a more modified expression of these feelings. If recreation is defined as that activity which allows release of tension, sleep may also be looked upon as a form of recreation. But Patrick implies, although does not make explicit, that war, profanity and drinking are means of relieving the tensions developed from other related phases of life which are biologically and psychologically basic, so that the human organism, incapable of expressing directly its fundamental drives, is forced to seek other outlets. And accordingly, it can be seen that sleep, too, like war, should not be termed recreation, since it is a direct expression of organic urge.

One of the essential attributes of recreation, then, is the expression of basic psychological and biological needs

in a modified or diplaced form. When fundamental drives of the organism are allowed uninhibited expression, as in war, the activity can hardly be called play.

Some writers make a rather abrupt distinction between work and play, although such a separation would appear unjustifiable if one thinks of the unification of experience in the individual. Besides, present day concepts have emphasized the continuity of relationships in the world, although in thinking a necessary but artificial separation must exist. Since the work and play of men and women seem related, according to Mason and Mitchell's study, and people seem to attempt to express themselves more fully through play, it might be well to briefly examine the similarities and differences between work and play.

Aggression and superiority may be expressed in the business office or on the football field, although the consequences of defeat in the business world are more serious than those resulting from losing in football. In both instances there is a degree of suspension or risk, although in play one feels that fundamentally he is secure.

Work is most often performed for the purpose of making a living, although industrial research in factories has indicated that other factors, in addition to the economic,

operate in determining the amount of satisfaction a person obtains from his job. The feeling of being important to the firm one is working for seems to help an individual derive more pleasure from his work. Stuart Chase has stated[5] that wages often do not seem to matter to individuals so much as their feeling of contributing to the production of their organization.

The interest element in play seems to be more intense than in work, although a sharp differentiation here seems unwarrented. If a person disliked his position intensely, it would be difficult to understand how he could continue at it, even though he received a good wage. In play, however, the individual is allowed to choose his activity to a greater degree, begin and stop when he wishes and rest when he likes. Another way of saying almost the same thing would be to state that play and work can be primarily differentiated on the basis of attitude rather than by specific activities, although there are many factors, such as the individual's biological makeup and sociological influences, that determine and limit the possible attitudes of individuals.

If recreation is not a particular, standardized

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5 Stuart Chase, "What Makes the Worker Like to Work?", Reader's Digest, pp. 15-20, February, 1941.

activity but is rather one which contains a high element of interest for the individual, the extent to which an activity is play can be measured by the degree to which it completely satisfies the basic psychological and physiological needs of the personality. But the habitual drinking of the drunkard, although it may allow him a cursory freedom from tension, results in an intensification of the strain within the individual. It is even questionable whether such drinking as this can properly be termed recreation, since often the drinking, according to modern day concepts, is an endeavor to forget troubles. The interest in the drinking itself may even be lacking, the drinker feeling unpleasantly compelled to drown his sorrows.

Football, on the other hand, seems to release tensions of the organism in a more complete fashion and for a longer period of time, although the force of habit, which operates in all phases of human activity, demands repetition of any satisfying mode of behavior. The value of strenuous athletics is presented by Dr. Cannon:

> In many respects athletic rivalries present, better than modern military service, the conditions for which the militarists argue, the conditions for which the body spontaneously prepares when the passion for fighting prevails. As explained in an earlier chapter, in competitive sports, the elemental factors are retained---man is again pitted against man, and all the resources of the body are summoned in the eager struggle for victory. And because, under such circumstances, the same physiological alterations occur that occur in anticipation of mortal combat,

> the belligerent emotions and instincts, so far as their bodily manifestations are concerned, are thereby given complete satisfaction.[6]

Summing up the various elements which seem to contribute toward making an activity recreational, the following definition is given as to what is meant in this study by the use of the term:

> RECREATION is an activity engaged in for its own sake that displaces the individual's basic biological and psychological needs in such manner as to make them socially acceptable.

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6 Walter B. Cannon, Bodily Changes in Pain, Hunger, Fear and Rage(New York and London, D. Appleton and Co., 1925), pp. 296-7.

CHAPTER III

THE METHOD

Because of the characteristic neglect in the past to evaluate experimentally the place of recreation in human living, there has been a resultant lack in the formulation of a generally accepted mode of approach to the subject. In searching for some way of measuring the factor of recreation as conceived for the purpose of this study, it became apparent that, since recreation is essentially attitudinal in nature and is reflected only secondarily in certain activities, it would be found necessary to classify the elements expressed through the medium of recreation on a psychological basis. Accordingly, the following mode of classification was selected for this study, although another way of categorizing fundamental psychological needs of mankind could probably be used just as easily. The following is a terse presentation of these elements:

1. Freedom of the individual to select the activity in which he engages
2. Expression in terms of reality rather than phantasy
3. Release from depression and self-accusation
4. Superiority expression, measured in respect to a group of other persons
5. Sociability of subjects, measured with regard for the extent and character of its expression

6. Experience of greater security
7. Esthetic experience
8. Mastery of self or an object
9. Desire for new experience

An examination of these elemental psychological needs of the individual that were observed for their expression through the medium of recreation will make clear that there is great difficulty involved in formulating them quantitatively. Because of this fact and the appearance that recreation is probably intricately bound up with the total life experience of the individual and is possibly an effort to express more fully the needs and potentialities within the personality, the most profitable way of studying the subject of recreation seemed to be that of studying the pattern of each subject's behavior and scrutinizing recreation to determine how it gave expression to the individual's pattern. It was felt that a mere statistical analysis of the recreation of a large group of individuals would be helpful only after a detailed study of a case work nature had been undertaken in order to determine those factors which with profit might be studied by means of the statistical method. It will be realized, however, that the method used in this study is exploratory in character. In further studies it may be that a different method of approach altogether will be found most profitable.

In looking for a group of persons to study, it was thought necessary to select a group whose almost, if not every, activity was accounted for, so that a complete picture of the individuals' twenty-four hour experience could be had. A mere listing of the various activities of persons, however, did not seem to be adequate for a comprehensive picture of the meaningfulness of the activities to the individuals. Accordingly, it was felt that it would be necessary to observe human beings to determine the degree with which they were participating in various activities. It is hard to tell by merely looking at a person whether he is really getting little or much out of an activity, so that particular actions of individuals were to be noted so that some substantiation could be given for saying that the observed felt such and such. A group that seemed to present favorable material for the study was found in the patients of the Adolph Meyer Building of the State Hospital for Mental Diseases at Howard, Rhode Island. The advantages of studying the recreation of mentally abnormal persons seemed to be that it would perhaps show more clearly the function generally of recreation in the lives of men and women. The foundation for this suspicion rests upon the hypothesis that recreation is essentially attitudinal or emotional in nature. Since the mentally ill are characterized by mood disturbance, one might expect to find that their emotions would exhibit themselves, as far as

recreation is concerned, through activities different from those engaged in by so-called normal persons. This group also offered opportunity to the writer to observe them during the recreational activities. In addition to these observations, there were those of the nurses in charge of the several wards from which the patients came. Perhaps one of the most important factors was that of the existence of fairly complete records of the daily doings of the patients in this building.

The Adolph Meyer Building is the best equipped building of the hospital, having better material surroundings, more psychiatrists in proportion to the number of patients, more extensive nursing care, greater services of hydrotherapy and physiotherapy and better recreational facilities. It is the building of the hospital in which all of the modern skill is concentrated in the hope of speedily restoring the ill to mental health once more. Often by subjecting some of the patients to the many favorable forces in this building, he is quickly enabled to leave the hospital to return to the community, although not every patient appears to benefit from the individualized treatment available in this building. None of the violent patients are kept in this building. When a patient tears down screens or breaks windows, he is considered violent and is sent to one of the other wards.

Four wards in the building are used at the time of writing. On wards five and six the men are housed, the ones who are almost ready to go home being on ward five. On wards two and three the women stay, those on ward two being considered almost well enough to go home. Those on wards two and five, since they are almost ready to go home permanently, are allowed to go home for short visits at first which are of two or three days duration, so that they may become accustomed to life outside the institution. No record could be kept, of course, of the activities of the patients while at home. Because of this it was felt better to select as many of the patients from wards six and three as it was possible. Consequently a total of fourteen were selected from these two wards. Not only is there greater information concerning the continued twenty-four hour activity of these patients, but they are all ill to about the same degree. As the study progressed, however, it did not seem so necessary to know the continuous activity of the subjects and in addition it became noticeable that on wards two and five there were available for study some patients who engaged in a great deal of recreational activity. Six of these were included in the study, making a total of twenty patients studied.

Three means of gathering data about these patients were available. On every patient who enters the hospital, no matter whether on a voluntary or involuntary basis, as

much information as possible about his life previous to hospitalization is gathered in the hope of shedding light upon the reasons for his mental illness. Such a systematic organization of the patient's experience before his hospitalization is called a history. This source was used in every case, although in almost every case the recreational activities were given only slight mention. Another way information was collected about the subjects studied was by means of examining the nurses' notes, which are daily or at least weekly reports by the nurses in charge of the wards of the outstanding behavior of the patients. The advantage of having these notes was great, for it helped to give a good understanding of the progress, or lack of it, of the patients from week to week. Perhaps the most important source of data was that of direct observation of the studied patients during the recreational period itself.

The 'recreational period' at which the writer made all his observations was a two hour period from seven to nine in the evening. No regular days in the week were given over to this period, since it was felt a more flexible program was desirable in order to fit in with the changing needs of the patients. At times the patients did not attend the recreational period for six days, although this was considered rather long to go without it, because they appeared restless or overstimulated. Usually patients met together for their

amusement two or three times a week.

In order to give some idea of the group situation in which the patients participated two or three evenings a week, a description of the physical and social aspects of this 'recreational period' will be given. The room in which the activities were carried on is twenty-five by fifty feet in dimensions with a medium high ceiling of twelve feet or so. As one looked around the room he saw six large windows on one side of the room and six doors on the other side. The floor was painted a deep green, the walls seemingly reflecting a lighter green, the total effect of which was one of restfulness. Around the room about thirty wooden chairs were placed. Located against a wall was a piano, an upright with good sound. Along one neighboring wall was a victrola of old-fashioned build. The quality of the music did not equal that of the piano. Indirect lighting reflected against a lily-white ceiling. The light seemed to have a stimulating effect.

Once every two weeks the W.P.A. orchestra, which plays at many of the dances of the hospital, played for one hour, rendering both jazz and stately music. The quality of the music seemed to be good, the patients awaiting the coming of this six-man orchestra eagerly. When this special music was not accessible, one of the patients would usually

play the piano while the others danced. At other times the victrola was turned on and patients enjoyed this, although there was a marked preference for the piano music, possibly because the victrola was not considered to be of such high quality and the records were somewhat out of date. Besides this there seemed to be a desire to hear one of their own group play.

In addition to this music already mentioned there were played on occasion the guitar, harmonica and accordian. Toward the end of one period, just before the patients had to go to their wards to retire, a group of five gathered in one portion of the room, two of them supplying music with the guitar and harmonica, one dancing wildly and the other two cheering. They seemed to have a merry time. Once in a while an accordian solo was played, although this was rare.

Singing was engaged in, too. Both love songs and old-fashioned tunes seemed to be most popular. With some leadership the patients would gather around the piano and sing. Those who remained in their chairs did little but look on. Solo vocal renditions were enjoyed by the patients, a soloist almost always being forced to sing encores.

The Virginia Reel was very popular among the men and women. A leader was usually picked and he would direct the others. Hearty laughter accompanied any mistakes that

were made, although considerable concern was shown for the feelings of other persons.

Although these were the only group forms of recreational activity in the Adolph Meyer Building, individual patients engaged in solitary modes of play on the wards. Direct observation of these patients by the writer was not undertaken.

The usual attendance was about twenty-five, although on at least one occasion there were thirty-five present. Women outnumbered the men two to one. Because of the relatively few men present and because they often could not dance, only six to eight couples danced at a time. Sometimes there would be only two or three couples on the floor, although the women usually danced with each other. When the W.P.A. orchestra played for the group there was a regular response of couples to the music, more individuals dancing than at any other time. Musical favorites were requested of the orchestra by the patients, there being no prescribed list of pieces to be played.

About one third to one half of the patients merely sat around the room and did not participate in the doings about them. A few of them, in fact, on occasion attempted to withdraw from the room. The reason for having these patients attend recreation was to expose them in the hope that

they would later participate in the activities. Of those who were well enough to engage in other forms of recreation and who did not care for the music, some played cards.

In order for the writer to study the recreation of the patients he had to observe them, as one means of approach, but this meant that he had to remain in the same room with the patients at the time when they were having their recreation. It was felt that some of the patients would wonder why another person was continually present and watching them. Such a position on the observer's part seemed difficult, so that it was considered more profitable to participate in the activities with the patients. This removed any feelings that they might have had of being watched. Otherwise, behavior on their part might not have been very natural and spontaneous. By dancing with the patients the observer was able to obtain facts which otherwise would not have been forthcoming to him. The graceful dancing of some of the patients was revealed in this way.

Another important result of the observer's participation in the group activity was that from leading some of the activities a better understanding of the importance of leadership was obtained. Some of the group singing was led by the observer.

It was not an easy task to say that the improvement

of the patient, where such was indicated, was due to recreation or other factors. Although the same problem had to be considered in evaluating the effect of occupational therapy, psychotherapy and other influences, the problem was more outstanding concerning metrazol and insulin treatment because of the marked difference in mental health that often results from a few treatments. In almost any case, the general feeling among psychiatrists seems to be that all factors contribute to some degree toward restoring the patients to mental health. Because of the improvement in mental health the metrazol shock therapy makes a difference in the degree to which patients engage in recreational activities or in any other activities. It can hardly be said that it is the recreation that is the chief factor in helping such patients regain mental health. This question of whether a patient played because he was getting better or whether through playing he was helped markedly to improve was one of the considerations that was kept in mind during this study. If two well-rounded programs could be compared, one leaving out the recreational factor, the effectiveness of play in helping the patient get well might be evaluated.

Certain considerations seemed to be important in making a difference in the recreational life of the patients before hospitalization, considerations that did not necessarily seem related to the mental disease of the patient. An

effort was made to study all these important factors which seemed to be involved. For the sake of brevity in the text, each factor will be assigned a Roman numeral and referred to hereafter by its number. It will be noticed that the financial aspect is not considered here. In other studies this certainly would be important to take into consideration; in this study all the patients are about of the same financial status. Otherwise, they would have no doubt been sent to a private institution. For persons of limited means there must be a curtailment of attendance at operas and the like, so that it can be readily understood how this factor would influence one's forms of recreation. The factors other than financial that seemed important for this study are as follows:

I. Age. Old men and young do not engage in the same types of recreation, the seventy year old man scarcely engaging in football any longer.

II. Residence. It was thought that perhaps rural persons might not be able to engage in the same activities as those of the city individuals.

III. Psychosis. Another factor which was studied for its relation to the recreational activities engaged in was the psychosis of the patient. It might well be expected that the manic patient would engage in active recreation while the schizophrenic patient would engage in a-social pastimes.

IV. Occupation. Since, according to the findings of Mason and Mitchell, the work and play life of the individual seem to be related, it was felt important to consider the relationship of the subject's play to his work.

V. Color. Whether a person is white or black may make a difference if he lives among individuals who have a

skin color different from his own. At least this factor should be considered for its possible importance.

VI. Marital Status. It seems that after a person marries there is a change in the character of his recreational activities. Dances, for one thing, are not usually frequented so often as when the parties involved were single.

VII. Nationality. A person living in a culture different from his may have a hard time in enjoying the same forms of recreation as those about him. A Russian who did not understand English at all would derive little pleasure from listening to a lecture in English.

VIII. Outstanding Personality Traits. This category was selected in order to make the salient features of the subjects stand out and in order to give one a bird's eye view of the personality of the patients. Those characteristics which appeared to be of importance in considering recreation were chosen, such as seriousness or feelings of unreality.

IX. Occupational Therapy. This consists of sewing, weaving of baskets and rugs, crocheting, drawing and the like. The interests of the patients in these activities are stimulated by a leader, the occupational therapist, who assigns and interests the patients in the kind of work that is recommended by the psychiatrist. The work itself is said to have therapeutic value for the mentally ill.

X. Physical Condition. Certainly a person with only one leg will not be able to play baseball well, and a sickly person of any kind would seem to be limited in the form of recreation selected.

XI. Recreation before Hospitalization. Although it was not always possible because of lack of data, it seemed valuable to compare the recreation of the patients before hospitalization and during their confinement.

XII. Religious Emphasis. The Methodist's condemnation of dancing, at least in the past, is an illustration of how one's religious emphasis can influence one's recreation. Religion and recreation may be linked in other ways, too.

XIII. Medication. It is obvious that those patients who receive metrazol treatment are more capable of participating in recreation, if the treatment is successful.

Other forms of medication probably have a less noticeable effect.

XIV. Intelligence. Certain guessing games indicate that not everyone can play them. To include a dull person in a predominantly intellectual form of play would appear more like torturing the person than pleasing him.

XV. Recreation during Hospitalization. This section is one of the most important in the study and consists of the accumulated observations of the author and the nurses on the wards from which the patients came.

XVI. Additional Comments. These were entered in this part when they seemed to clarify the study of the recreation of the patients.

It can be seen from considering the above factors that recreation may be conditioned by a number of phenomena. It would be unwarrented over-simplification to assume that there is a single cause relationship between the type of recreation chosen and the form of mental illness. Although much of the data on recreation were gathered from the author's own observations during the scheduled recreational period, the data on occupational therapy and recreation on the wards were supplied by others and were taken into consideration also.

CHAPTER IV

THE TWENTY PATIENTS

After a concept of the recreational had been developed and conditions suitable for the study were found, twenty patients were selected from the Adolph Meyer Building. In order to make clear some of the terms used in describing the characteristics of the patients in this study, it will first be necessary to elaborate somewhat. For definitions of the psychiatric terms the reader is referred to textbooks on psychiatry.[1]

All observations of the writer and of the nurses on the wards were made between the dates of Dec. 1, 1940 and Feb. 28, 1941. Although this time factor was selected in order to limit the scope of the subject, it did not seem to be especially significant for this study, since either progress or the lack of it, if observed during this period, could not be attributed to the effect of recreation.

Although originally it was the intention to include under 'medication' all kinds of drugs that any of the twenty patients took within the specified time period, such close calculation, in the face of seemingly more outstanding

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1 William A. White, Outlines of Psychiatry, 11th edition,(Washington: Nervous and Mental Disease Publishing Co., 1926). The reader may, however, select others.

factors, did not seem necessary or advisable. Consequently, 'none' was consistently used if the patient received neither metrazol nor electric shock treatment.

Case 1 did not stay in the Adolph Meyer Building the full three months but was transferred February 10th to another ward, since the psychiatrists felt that he was not benefiting by the concentrated forces available in this building. Since it was difficult to procure twenty patients in the Adolph Meyer Building who met the conditions required, this case was included in the investigation. Thirty cases were originally studied, eleven of which during the course of the three months left the building or the hospital for one reason or another. It will be noticed that no psychoses are included which have a predominantly physical basis for them.

In treating the topic of intelligence it was thought that a difference in the I. Q. of three points would not make an appreciable difference in the type of recreation the patient engaged in, so that 'low average', 'average', 'high average' and 'superior' were used instead, corresponding respectively to 90-100, 100, 100-110 and 110-120 in I. Q. In addition the intelligence quotient which is obtained by testing a patient upon his entrance into the hospital is not always even approximately near his pre-hospitalization

functioning. The intelligence ratings used are those obtained by the hospital psychologist at the time of the patient's entry.

For the purpose of the study it did not seem necessary to define 'rural' in terms of exact number of persons within a circumscribed area, especially since this actually gives no picture to the reader. Instead the term was used to denote a farming district. In cases designated by 'urban' a city district is understood.

The word 'American' refers to the place of birth, although the significant aspect is that those so designated are not of a foreign culture. Only one was found to be otherwise.

Unless a patient had definitely extraordinary ideas about religious phenomena, such as seeing visions, the characterization 'not marked' was used. Even though a patient attended church every Sunday and yet did not express any unusual phenomena in connection with her devotion, or his, the expression 'not marked' was used.

In discussing the physical condition of those in the study, only gross defects were noted, such as a limp or acne. The acne of case 4, which was on her face, made her very self-conscious and limited her attending dances. Some of the patients were thin and pale, although this was not

considered serious enough definitely to limit the recreation chosen. Such malnutrition may be only for a short period of time and may be allievated by proper attention to diet. In fact a great many patients gain in weight during their stay at the hospital.

'Outstanding personality traits' listed are those which were prominent in the lives of the patients before they were hospitalized. Perhaps most of the time there is a continuance of many of these traits into the hospitalization period, although this does not seem to be always so. At times perhaps the relatives and friends of the patients misrepresent, without intention of doing so, the outstanding personality traits of the patient before his commitment, and there is an apparent contradiction between hospital and prehospital behavior.

The recreation of the patients has been divided into two parts, that on the wards and that during the recreational period. No observation by the writer of recreation on the wards was made, the nurses providing all these data. The time of day of the nurses' notes might be from early in the morning to late in the evening. The occupational therapists also supplied information.

The cases which were used in this study will be designated by Arabic numerals so that it will be easy to

refer to them and so that the identity of the persons involved will be protected. The following are the cases:

Case 1

I. 31 II. Urban III. Manic-depressive, Manic IV. Silktwister V.White VI.Single VII.American VIII. Very Serious IX.Worked at rugs, although he had to be prodded. At times patient would sandpaper wooden tables or chairs, but he did not seem to do this with much eagerness. X. Cell growth of the right foot causes the patient to limp XI. Read a little, listened to the radio a great deal, liked to accompany friends on deep-fishing trips, although he did not actually fish on these trips. He liked to watch baseball games. Played cribbage fairly well. XII. Altar boy when young; previous to hospitalization, there were prominent guilt feelings present, although patient claimed not to know why he felt guilty. XIII.Metrazol treatment given, although this did not seem to be effective in helping patient. XIV. Low average XV. Took no part in recreational activities or in any activities on the ward.

Case 2

I. 20 II. Rural III. Psychoneurotic IV. None V. White VI. Single VII. American VIII. Fears that the world is going to

end, that something terrible is going to happen to her mother, that she will become immoral and indecent. She also has feelings of inferiority. IX. Embroidery and clerical work tried, although these did not seem to benefit the patient. Dramatics undertaken from which satisfaction was obtained in spite of occasional fears. X. Good, except that the patient's nose is unattractive. She has gained weight during her hospitalization period. XI. English and dramatics with periodic attendance at dances. Usually, she went to dances with her brothers. XII. Not marked XIII. None XIV. Above average, good student XV. Patient was allowed to go downtown to attend dances during her stay at the hospital. As already mentioned she was in the Christmas play given at the hospital each year. She did well. In a group situation she most often sought the company of a quite retiring and timid female patient. When dance music played, patient usually participated, as she did in all of the recreational activities, although she seemed retiring and fearful to some degree. Her handclasp during dancing was weak and a mild perspiration would at times render her hand clammy. As a dancer she was graceful. At other times she stood around the piano with other patients and sang. Sometimes she would not dance or sing but sit in a corner and keep very quiet. XVI. Father approached patient sexually, although the

attempts made were not successful. Intense dislike was felt for a male teacher in school.

Case 3

I. 14 II. Urban III. Schizophrenic-catatonic IV. Student V. White VI. Single VII. American VIII. Aggressive, energetic, bad temper IX. Knitting, although she would often wish to do just as she pleased X. Stocky in build. After metrazol treatment she gained twenty-five pounds XI. Dramatics, dancing, bicycle riding, roller skating XII. Not marked XIII. Metrazol with good results XIV. Low average XV. On the ward patient romped around with another patient while playing childish games. During the recreational period she was aggressive, asking first one man and then another to dance with her, these men usually being other than the patients. No discrimination seemed to be sharply made, however, between the patients and those who were not. A very graceful dancer, patient would often perform solo tap dances in the center of the room. Everyone would watch he r during these performances, and she seemed to enjoy the attention which was usually showered upon her. At times when she was dancing she would suddenly leave her partner in order to finish the dance with another person. She never seemed to be tired. XVI. Father suffered from mental illness and the mother has a bad temper.

Before hospitalization the patient believed that people were saying things about her and that they were chasing her.

Case 4

I. 25 II. Urban III. Schizophrenic-hebephrenic IV. Maid V. White VI. Single VII. American VIII. Religious and serious IX. Fine handwork, embroidery, creative at times in drawing X. Good, except for acne on the face which cleared up after treatment XI. Glee club during the first year high school. Educational movies were attended. XII. Pronounced. Patient saw visions on the walls of the church. During her stay at the hospital she insisted upon writing to a priest, showing a strong attachment to him. XIII. Metrazol, the results of which were very favorable XIV. Average XV. At first during the recreational period the patient indicated no interest in her surroundings. Gradually, however, as she began to take metrazol treatments, she improved until she began to show signs of greater interest in what was going on around her. At first her clothing was plain and colorless, although as she showed more general activity and interest, she began to wear brighter things. As it became apparent that she was improving under metrazol treatment, she was asked to dance, which she did well. Previous to her first dance at the hospital she had not danced in a year. She remarked that she liked Spanish music, when

asked what kind of music she liked, although even during the recreational period she continued to talk about missionary work and her priest. When it was learned that she used to sing in the glee club at school, encouragement was given her to try once more to sing somewhat, even though she might not be skillful at it. Gradually, she sang a bit now and then until she finally gathered around the piano and picked out some pieces she wished to sing. As she improved even more she was observed asking other patients to dance. When the patient thought she was being observed she appeared to display her graces. When she first danced with this writer, who is the observer mentioned above, she thought that she had known him someplace before. XVI. Patient felt that she was losing control of her body. At times life-sized figures of her father would appear to her. They were usually dressed in all kinds of weird costumes. She feared that her father and grandfather were going to harm her. Mother of this patient was also mentally ill; the only sister is feebleminded.

Case 5

I. 48 II. Urban III. Psychoneurotic-hypochondriacal IV. Machinist helper V. Black VI. Married VII. American VIII. Somatic complaints, although he is powerless to do anything about them. IX. None, since he cleans the building in which he lives, although this really may be occupational

therapy. X. Good, despite his somatic complaints XI. Rode horses and boxed XII. Not marked XIII. Physiotherapy XIV. Superior, with good memory XV. No attendance at recreational periods XVI. Patient was the butt of jokes at his job, after which he began to drink cheap wine, although he had never drunk previously. He is well-liked on the ward by both the other patients and the attendants.

Case 6

I. 49 II. Urban III. Psychoneurotic-reactive-depressive IV. Sailor V. White VI. Single VII. American VIII. Shy and retiring IX. Tables made and also reed frame for flower stand. He was usually fearful that he was not working quickly enough. X. Fairly good, although he has a mild case of arthritis. Patient is of short stature. He had a spinal fusion which causes him discomfort. In addition his right leg has been injured so that he limps. XI. None. Patient was reported too busy to have time for recreation. XII. Not marked XIII. None XIV. High average XV. During the recreational period this man seemed pretty much at ease. He watched the other patients dance and danced himself at times, although it was difficult for him to do the Virginia Reel or to engage in regular ballroom dancing. When he did participate in the

Virginia Reel, he would often swing his partner with a great deal of vigor and recklessness. All the while he danced, however, he continued to limp. Once or twice during one evening he whistled quite shrilly, although the others in the group did not seem to mind this. At other times he sang with others around the piano. At one time he seemed unmindful of another patient's playing and played the victrola at the same time, so that the piano player could not make herself heard. On the ward the patient always seemed to be happy and was usually willing to do anything asked of him. XVI. During the World War he was on a destroyer which was almost torpedoed. This experience greatly frightened the patient. One of the noticeable things about the patient during his hospitalization was that he developed a fairly good sense of humor.

Case Z

I. 21 II. Urban III. Schizophrenic-simple type IV. None V.White VI. Single VII. American VIII. Feelings of unreality, shy IX. Worked on newspaper of the hospital. She appeared afraid to express any ideas of her own. X. Good. Patient is six feet and two inches tall. She is quite thin. XI. Patient did not care to read. She liked gardening, tennis, piano and the movies XII. Not marked XIII. None XIV. High average XV. During

the recreational period the patient usually played the piano so that others might dance and sing. Her piano playing is fairly good. At times the patient practiced reading notes, playing both classical and jazz. The nature of the music was often centered around the theme of love. Most often this patient danced with other female patients when she danced. She appeared awkward on her feet, stooping over as she danced. She always waited to be told what piece of music to play. The quality of her music seemed to engender some confidence in her. XVI. Patient was the only child born to her parents. The father is very dependent upon his wife. She puts his clothing out for him and babies him in general.

Case 8

I. 54 II. Urban III. Manic-depressive, Manic IV. Jeweler and tool-maker V. White VI. Married VII. American VIII. Thought himself persecuted. Also believed himself to be a G-man. IX. At first the patient did no work. Gradually he began to work at a bookcase. He repaired chairs, too. X. Good XI. Wrote poetry XII. Not marked XIII. None XIV. Above average XV. During the recreational period patient did the Virginia Reel, although he was quite serious about his performance. Only once in a while did he speak to anyone. Most of the time

he seemed annoyed, frowning at those around him. At times when he danced he would kick his heels high up in back of him. He appeared to be a graceful dancer. XVI. Patient obtained a job in town but at the last moment seemed unable to start work.

Case 9

I. 36 II. Urban III. Manic-depressive, Manic
IV. Librarian V. White VI. Single
VII. German Jew VIII. Serious and sensitive; easily angered; resentful and critical IX. Enthusiastic and helpful to the group. Fine needle work was avoided
X. Good XI. Tennis, painting. Plays flute well
XII. Not marked XIII. None XIV. Superior
XV. During the recreational period this patient often was quite serious. Only occasionally did she show a little laughter. At times she appeared sulky and seclusive. Hardly ever did she associate freely with the other patients, although she exhibited fondness to a great degree for the males present in the group. Sometimes these were patients but usually they were not. Frequently this patient became philosophical, uttering proverbs concerned with serious topics. XVI. Father of the patient was a prominent man in Germany. He exhibited polyerotic tendencies. Consequently, patient's home life was not happy. A few months before the patient was hospitalized she came to this country. This may have

influenced her illness, since she was forced to leave Germany because of her Jewish blood.

Case 10

I. 25 II. Urban III. Schizophrenic-catatonic IV. Housework V. White VI. Single VII. American VIII. Shy, autistic thinking; saw angels IX. Rugs woven, needle work and drawing. Quality of work and participation were good. X. Good XI. Read, sewed and listened to the radio XII. Saw angels XIII. Electric shock, which did not seem to help the patient XIV. Low average XV. Attempted some puzzles on the ward. During the recreational period she would usually sit in a chair without moving. Once she became slightly resistive. XVI. No interest in men. Patient's great-grandmother was psychotic and her brother is also in a mental hospital with the same diagnosis of schizophrenia. Displaved a great deal of fussiness about cleanliness.

Case 11

I. 21 II. Urban III. Schizophrenic-catatonic IV. N.Y.A. worker V. White VI. Single VII. American VIII. No interest in girls, few friends, temper; often fearful of something unknown IX. Some baskets were woven, although he did his work very slowly and had to be prodded to work.

X. Good, except for a slight limp XI. Swam, read, listened to the radio and went to the movies XII. At times he would get on his knees as if praying XIII. Metrazol, results not good XIV. High average XV. Because patient did not know how to dance he was not able to participate in that activity. Most of the time, he would sit by himself, legs crossed, and silent. When he talked about swimming he became enthusiastic and talked quite a little about some famous swimmers. He once mentioned, in talking about the times that he used to go swimming, that those "were the good old days". XVI. Patient thought that he was homosexual, that witches chased him. In school he excelled in mathematics and bookkeeping.

Case 12

I. 16 II. Urban III. Simple
IV. Student V. White VI. Single
VII. American VIII. Wears feminine attire
IX. Rugs woven, although he had to be prodded
X. Good XI. Baseball, movies, Wild West stories and comic strips XII. Not marked XIII. None
XIV. Low average XV. Color books were brought to the patient at the hospital by his parents. He seemed to enjoy coloring these with a crayon. Often he would pout like a child of seven or eight. XVI. Mother of the patient has always been protective of him. He thinks that

he is seven different persons all at once.

Case 13

I. 37 II. Urban III. Schizophrenic-catatonic IV.Housework V. White VI. Single VII. American VIII. Serious and reticient with fiery temper IX. Worked at rugs but did not keep at job X. Good XI. Movies and embroidery XII. Guilt feelings. At times patient would get on her knees in a prayerful attitude XIII. Metrazol, improvement in the patient has since been shown XIV. Average XV. Before metrazol treatment the patient was reticient, not dancing or even seeming at all interested in the recreational period. Gradually, after a few injections of metrazol, she began to play cards. She was more attentive about her appearance, too. As she got better she attended one of the dances held at the hospital, although she seemed to become somewhat confused after the dance was over and it was time to go home. XVI. She thought that the spirits were trying to kill her and that people were laughing at her because of her bad reputation. Patient often showed intense jealousy.

Case 14

I. 18 II. Rural III. Schizophrenic-mixed IV. Student V. White VI. Single VII. American VIII. Preoccupied, silly and irritable

IX. Liked to embroider, although she did not like to weave rugs X. Good XI. Liked to sing XII. Not marked XIII. Metrazol, poor results XIV. Low average XV. Sang a great deal at home XVI. Spread butter with thumb. Personal hygiene poor. Mother is dull and the father is alcoholic. Sister of the patient is schizophrenic.

Case 15

I. 42 II. Rural III. Involution Melancholia IV. Housewife V. White VI. Married VII. American VIII. Serious, sensitive and quiet IX. Embroidered. Demanding at times X. Good XI. Embroidery and piano playing XII. Guilt feelings XIII. Metrazol, condition improved XIV. Unknown, no test given XV. This patient asked for something to do on the ward as she began to improve. For amusement she played cards and read. XVI. As a child she played alone. Voices tell the patient that she is going to be killed.

Case 16

I. 29 II. Urban III. Schizophrenic-catatonic IV. Housework V. White VI. Married VII. American VIII. Sensitive, seclusive and retiring IX. Worked the loom, weaving rugs. She showed a great deal of patience X. Good XI. Dancing, tennis and

iceskating before she was married XII. Not marked XIII. None XIV. Low average XV. Patient played cards on ward. Did not go down to the recreational period XVI. When the patient first came to the hospital she was tube-fed for a few days, after which she showed improvement. Her husband is aggressive and domineering.

Case 17

I. 29 II. Urban III. Schizophrenic-catatonic IV. Jewelry worker V. White VI. Married VII. American VIII. Quiet and sensitive IX. Does almost anything- rugs, embroidery, crocheting, knitting and sewing. She often felt that her work was not very good, although she usually did better than the majority of patients. She was self-conscious, thinking that people were talking about her. X. Good XI. Bowled, went to the movies. Read magazines, usually love stories XII. Not marked XIII. None XIV. Low average XV. Usually, when the patient first came to the hospital, she would hide from others. Gradually, she associated with other patients, playing cards with them. She herself thought that this was a sign that she was getting better. She also worked at puzzles. XVI. At home patient slept only three or four hours. During the day she would remain at home with the curtains pulled down.

Case 18

I. 32 II. Urban III. Manic-depressive, other types IV. Housekeeper V. White VI. Single VII. American VIII. Excitable IX. Patient liked to knit Red Cross sweaters, since she felt then that she was doing something worthwhile. She sewed her own clothes during the occupational period. She worked steadily. X. Good XI. Painting and mystery stories XII. Not marked XIII. None XIV. Average XV. Patient spent much time on the ward knitting sweaters. Frequent visits were made home. XVI. For the past twelve years patient has been suffering from her illness.

Case 19

I. 51 II. Urban III. Manic-depressive, depressive IV. Machinist V. White VI. Married VII. American VIII. Sensitive IX. Wove good baskets X. Good XI. Liked movies, read with enjoyment XII. Guilt feelings XIII. None XIV. Average XV. Patient, unable to dance, usually watched the other patients dance. Once he made an attempt at dancing, although he gave it up. His performance was best when he felt that he had an audience. XVI. As a child he was restless. Poor hygiene

Case 20

I. 56 II. Urban III. Involution Melancholia IV. Laborer V. White VI. Married VII. American VIII. Jolly IX. Worked continually at baskets, since he liked to do this X. Fair XI. Gardening, cards, basket-weaving and radio stories. He also took care of bees. XII. Guilt feelings, thought he was going to be killed XIII. None XIV. Average XV. Little. Instead the patient did chores on the ward. At times he smiled at amusing incidences. XVI. Patient's daughter is schizophrenic.

CHAPTER V

ANALYSIS OF THE DATA

Because of the limited number of cases used in making this study, the full significance of each of the factors designated by Roman numerals as conditioning the forms of recreation selected will be lost, although certain tendencies can be observed, which, if studied further, might be more clearly determined. The important aspect, however, is the meaningfulness of the various types of recreation to those who participated in them. More weight will be given to data obtained from direct observation of the patients during the recreational period, since a better understanding of attitudes was gained in this way. It was not easy to estimate the degree of participation on the part of the patients in recreational activities before hospitalization, since little attention is customarily paid to this phase in taking histories. The notes of the nurses and the occupational therapists about the patients were valuable.

When the relation of the age of patients to the kind of recreation engaged in was considered, a division was made between those under and over thirty years. A distinction was also made between active and passive forms of recreation. Active forms of recreation were dancing, bicycle riding,

tennis, roller skating, horseback riding, gardening, bowling, needle work and swimming. Passive types were listening to the radio, watching sports and attending movies. Table I shows the relationship between the age of the patient and the kind of recreation selected, according to the categories used.

TABLE I

RELATION OF AGE
TO PASSIVE AND ACTIVE RECREATION

Age	Total Number	Active Recreation	Passive Recreation
Over 30	10	8	2
Under 30	10	8	2

Thus, there does not seem to be any relationship between the age of the patient and the degree to which he was a participant in recreation, although two of the patients over thirty engaged in the more vigorous forms of active recreation, such as tennis and horseback riding, while the remainder of the patients over thirty tended toward less strenuous active recreation, such as embroidery and gardening. This observation leads us to consider the relationship of the age of the patient to indoor and outdoor recreation. Table II indicates this relationship.

TABLE II

RELATION OF AGE
TO INDOOR AND OUTDOOR RECREATION

Age	Total Number	Indoor Recreation	Outdoor Recreation
Over 30	10	7	3
Under 30	10	3	7

Those over thirty show a tendency toward indoor and sedentary recreation, while those under thirty show a tendency toward outdoor recreation.

Since there were only three cases whose residence was rural, no generalization can be made about these. Of the seventeen others, nine participated or were active in various forms of recreation, while the remaining eight either watched games or were passively entertained.

There seems to be a relation between the general character of the recreation selected and the particular psychosis involved, the manic patient selecting more vigorous pastimes and the depressed patient expressing himself through comparatively quiet modes of play. The two manic cases in the study, 8 and 9, illustrate the recreational activities of this type of patient, while cases 1 and 18, the depressed patients, represent those of the depressed individual. It was interesting to observe that case 9, as she changed from

a manic state to a depressed one, engaged in fewer vigorous forms of play, such as dancing and dramatics, to more subdued ones, as painting and reading. No relation could be observed between the catatonic form of illness and the type of recreation selected, cases 3, 11, 16 and 17 engaging in active forms of recreation, while the other two catatonic patients, 10 and 13, selecting passive forms. Again, it would appear that the mode of recreation is related to the degree of illness, as cases 10 and 13 were two of the twenty studied who were quite ill in comparison with the others of the group. Two of the three psychoneurotic patients, cases 2 and 5, exhibited tendencies toward active forms of recreation, whereas the other psychoneurotic patient, case 6, showed no interest in recreation whatever before he came to the hospital, since he felt that he had no time for it. Cases 2 and 6 attended the recreational period regularly and seemed to benefit by it a great deal. Case 6, especially, seemed to lose much of his anxiety about himself and seemed to relieve himself of hostility through swinging his partner vigorously while dancing and interrupting the piano playing of one of the other patients. Since no generalization can be made about two cases, the other cases will not be discussed, because of the insufficient number.

That different psychoses appear in association with characteristic reaction patterns toward recreational activity

receives confirmation from the experimental work of Rosenzweig and Shakow:

> In a preliminary study of single play constructions by ten paranoid and ten hebephrenic schizophrenic patients and ten normal individuals, it was found that (1) the schizophrenic patients responded favorably to the form of play technique used; (2) typically different patterns were discernible for the three groups of subjects in respect to the general characteristics of their constructions; (3) individual cases yielded some material of psychiatric interest even in a single experimental session.[1]

It is recognizable that such experimental work to evaluate the place of recreation in the lives of patients is in its beginning stages, but it is possible that through recreation much more can be understood about psychotic individuals and more done to help them get well.

Another interesting feature of the experimental work carried on by Rosenzweig and Shakow was that the play materials used were very simple, wooden blocks, and that some of the patients spent considerable time in building with them, as much as an hour. Case 12 of this study spent much time coloring the picture book brought to him at the hospital by his mother. It may be that such emotionally immature forms of recreation are those most suitable to regressed patients and that the building of a house with blocks or the solving of a simple puzzle has a great emotional significance to them.

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1 William M. Cameron, "The Treatment of Children in Psychiatric Clinics with Particular Reference to the Use of Play Techniques", Bulletin of Menninger Clinic, 4: 172-9, November, 1940.

There are too many different occupations represented in this group of patients to be able to say much about this factor. The important aspect, that of the attitude of the patient toward his work, is missing. In perhaps every case the work engaged in was a result of economic necessity and not one of choice.

Case 5 was an exception to the group of patients in that he is a Negro. It is possible that his recreation of boxing and horseback riding are connected with his color. Boxing, especially, may have been chosen as a means of expressing hostility feelings developed from his ill-treatment by whites. One of the accentuating factors in his illness was believed to be that of his color, for many of the men where he worked used to make him the butt of their jokes, so that he became extremely self-conscious about his race.

Case 9, a female German Jew, the only person of a different nationality, was certainly limited in her recreational expression in Germany because of her culture. When she came to this country she continued to feel sensitive about her racial background. Perhaps it is for this reason mainly that this patient engaged in solitary forms of play. She learned to play the flute well and paint skillfully.

The outstanding personality trait among those studied seems to be that of seriousness. All the more

important would the factor of recreation seem for these individuals, since whatever else recreation is, it is not serious. In no case was there evident a sense of humor, although case 6, a psychoneurotic, showed a developing sense of humor as he improved in mental health.

Cases 1 and 6 both suffered from their injured limbs. This prohibited their playing to the same extent as other persons. In spite of his limp, case 6 at times danced during the recreational period. The remainder of the group did not seem to be seriously affected by their physical condition, even though some of them were not in the best of health.

Occupational therapy may be considered as either work or play, depending upon the attitude of the individual patient toward it. Table III shows the attitude of the patients toward occupational therapy as judged by the writer.

TABLE III

OCCUPATIONAL THERAPY
AS WORK OR PLAY

	No. of Patients	Male	Female
Work	9	5	4
Play	10	2	8
Total	19	7	12

Only nineteen patients are included in this consideration, since one subject did not have any occupational therapy at all. Those who considered occupational therapy play did not necessarily like more than one or two forms, while those who considered occupational therapy work indicated no liking at all for any form.

The number of patients who expressed a liking for occupational therapy and those who did not is almost equal, although the female patients showed a greater interest than the males. The difference in interest seemed to lie in the great liking of the women for embroidery and knitting. Embroidery appeared to be more interesting to those women who had marked guilt feelings. See Table IV.

TABLE IV

RELIGIOUS FEELINGS
AND ATTITUDE TOWARD EMBROIDERY

	Number of Patients	No Special Liking	Special Liking
Women with feelings "not marked"	8	3	5
Women with feelings "marked"	4	0	4
Totals	12	3	9

It may be that the delicate 'work' of embroidery is an expression of the sensitive feelings so closely associated with

religion. There does not seem to be any relationship between the religious interests of the males and their recreation, although the number is not sufficient to tell.

In those three cases in which metrazol treatment was effective, 3, 4 and 13, there was an awakening of interest in the general activity about them and a concomitant interest in play was shown. All three, although they had not danced before their medical treatment, did so as they began to improve.

Case 9 displayed an interest in artistic phenomena and played the flute well. In addition to this she was able to learn the English language after having been in this country only a few months. Her interest in learning to speak another language bordered on play. Without her very superior intelligence she could not have enjoyed learning to speak English or she could not have amused herself by dealing in witticisms. Case 12, on the other hand, a patient of low intelligence, was interested greatly in comic strips and Wild West stories. His mother brought him a simple book of pictures to be colored with a crayon, which he did with a great deal of interest. Here again seemed to be an illustration of the influence of the intelligence factor in determining the mode of activity one engages in for play.

With respect to the marital status of the patients

no differentiation was made between the types of recreation engaged in before and after marriage, except in case 16, a female who used to dance, play tennis and ice-skate before marriage but not after.

The important aspect of the activities the patients choose is the value such forms of recreation have to them in giving expression to their personalities. Earlier in this study nine fundamental psychological needs of the individual were listed as elements expressed through recreation. It is evident that physiological benefits in the form of increased circulation is the result of recreation, although here attention will be focused on the psychological side. Each of the nine basic psychological needs of the individual will be considered with respect to the twenty patients studied.

1. Freedom of the individual to select the activity in which he engages.

All of the patients prior to their hospitalization had the opportunity to select those forms of recreation they wished. After hospitalization all of the patients had some loss in selecting their own forms of recreation, although usually patients, when left alone, show little interest for any activity whatever and have to be led to a large extent. All the patients whom the psychiatrists feel will profit from the recreational period are made to attend, although these

do not therefore enter into the recreation. In the majority of cases, however, there is a willingness to enter into the activities of this group. As the patients gain in mental health this feeling and desire to participate becomes stronger. Cases 2, 7 and 9 during the three month period of this study were allowed great freedom in doing what they wished for recreation, not being made to attend the full length of time the recreational period. Case 7 often amused herself by playing the piano, while case 9 was given a room in which she was free to paint whatever she wished. Several fairly good pictures were painted by the latter. The other seventeen patients were restricted in their recreational activities, being allowed merely to attend the recreational period and to play on the wards.

2. Expression in terms of reality rather than phantasy.

It is not an easy matter to estimate this factor, since many of the patients can participate in the recreation and at the same time carry on a process of autistic thinking. It seems justifiable to say that those patients who sing and dance are making some adjustment to reality, even though they may at the same time be occupied with phantasies. Cases 1 and 11 did not engage in any kind of recreation and expressed phantastical notions. Case 4, as she danced more and more, seemed to be less preoccupied. Instead of sitting in her

chair, as she did previously, before her metrazol treatment, she sang and danced, even asking other female patients to dance with her. No clear evidence indicated how the other seventeen were adjusting to reality.

3. Release from depression and self-accusation.

Recreation for the depressed patients and the involution melancholia ones, of which there were three and two respectively, helped them keep their minds off themselves. Case 1, however, did not engage in any recreation at all and consequently did not utilize this means of overcoming his depressed feeling. Even though urging was used it was of little avail and this patient had to be shifted to another ward. The other patients were not predominantly depressed.

4. Superiority expression, measured in respect to a group of other persons.

Two of the patients in this study would have little to do with other patients, associating primarily when the opportunity arose with members of the hospital staff. Case 9, the German Jew, exhibited a marked tendency to gain social status within the patient group. Perhaps her feeling of social inferiority caused her to seek more social recognition than the other patients. It is characteristic of many patients in the hospital to seek recognition from the staff members of the hospital. The other patient who associated

little with the other patients was case 2. No marked striving for a place in the group was observed in the other patients.

5. Sociability of subjects, measured with regard for the extent and character of its expression.

Almost all the patients exhibited a tendency to form a circle of friends within the patient group, not associating to a great extent with the others, although this happens in human affairs everywhere and may be looked upon as usual. Of the three successful metrazol treatments two were much more sociable after a few shocks, cases 3 and 4. At the time the three month period closed, the other patient showed some signs of sociability but only a little. Case 3 talked and responded to all the patients who were well enough to do so. Exactly half the schizophrenics, five in number, kept to themselves pretty much. None of the patients, except case 3 after metrazol treatments, was excessively social.

6. Experience of greater security.

The two psychoneurotic patients in the group, cases 2 and 6, seemed to derive a greater feeling of security than the others. Perhaps this was because their illness is so closely associated with unresolved fears and hostilities which were partially allowed vent during the recreational period. Case 6, in particular, seemed to show hostility by playing the victrola loudly, swinging his partner vigorously and whistling shrilly when other activities were on,

although he did not display this aggressive behavior outside recreational activities. All of these acts served to make him more the center of attention.

7. Esthetic experience.

Cases 4, 7, 12 and 13 had definite feelings of being forced to do things they did not choose to do. They felt as though they had lost control over their bodies and that they were mysteriously being directed by spirits or unknown influences. No such feeling was known to exist in the other cases. Cases 4, 7 and 13 were able to dance during the play period. This experience of controlling their own bodies probably enabled them to experience considerable satisfaction, although no really definite statement can be made about this.

8. Mastery of self or an object.

This factor is closely related to the above. Although many of the patients when they enter the hospital are able to experience a feeling of mastery from dancing, most of them, unable to dance, gain this same satisfying feeling from work in occupational therapy. All the patients did some creative work or finished an object during occupational therapy with the exception of cases 1, 3, 7, 11, 12 and 13.

9. Desire for new experience.

No evidence was obtainable to indicate the feelings of the patients in this respect with the exception of the

psychoneurotic patient, case 6, who said explicitly that he liked to do new things and see new people and that he became tired of the same activities all the time. His desire for new experience seemed to be greater than is commonly found among so-called normal individuals.

Although all the above factors seem to be important needs of the individual that can be satisfied through the medium of play, it is evident from the material in this study that some patients with one type of psychosis require satisfaction of one need to a greater degree than other patients. The psychoneurotic, for example, must strive hard to feel secure, whereas other patients, as the schizophrenics, need greatly to develop sociability.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Method:

After the concept of recreation had been developed in the first chapter of this study, it was necessary to find a way of studying it. Since the basic element of the recreational was postulated to be attitudinal in nature, it seemed necessary to use a method that would show how the recreational life of the person was related to other activities, the expectation being that the same attitudes of a particular person would be reflected in any activities engaged in by that person.

But limitations of many kinds modify direct expression of our desires, making it impossible to demonstrate a clear one to one relationship between a certain form of recreation and another activity, and it seemed that factors such as age, residence, color and so on had to be considered as these appear also to influence one's recreation appreciably. Factors in addition to the ones selected may well have been included in this study. The sex of the patients undoubtedly determined their recreation and was given consideration in this paper, although it was not specifically singled out in the way age, residence, color and so on were.

The basic needs of the individual that require expression for the full development of personality were purposely selected so as to make the comparison of the mental illness and recreation in an individual case easier, care being taken, nevertheless, to express accurately and fully the real needs of personality. Other ways of viewing the fundamental needs of personality might have been used, although such a listing as presented in this study seemed satisfactory. The limited number of cases did not yield definite enough conclusions, however, and it would probably have been more productive if a larger number of cases had been considered.

Although the statistical method might well be used to indicate actual relationships between recreation and other activities of the person's life, the evaluation of the relationships as satisfactory or otherwise must still be made, and these evaluations will be made possible only by a more complete comprehension of the meaningfulness of a person's recreation as related to his life pattern. The case by case consideration, therefore, seems to be basic if recreation is a function of the individual's needs.

Findings:

Because of the very limited number of cases included in this study and because of the complexity of the subject, few definite statements can be made about the available data. Certain apparent tendencies, however, will be indicated.

Although there seems to be a modification of one's recreation by such factors as age, residence, culture, color and the others mentioned in this study, the degree of mental health seems to be more determinative of recreational interests and participation. Those patients, cases 1, 10 and 11, who were more seriously ill than the others indicated little interest in recreation during their stay at the hospital, although these three cases were active in recreation before hospitalization. As patients improved because of metrazol shock they reflected their improvement by showing more interest in attending dances and the like. Cases 3, 4 and 13 were in this category.

Occupational therapy was recreation to some of the patients, although it is often considered work. The women in the study looked upon occupational therapy as recreational more frequently than did the men, although this was probably greatly influenced by the fact that women were able to crochet and embroider, activities often spontaneously chosen by females, although the men, restricted because of the winter weather from engaging in baseball and other sports outdoor, were not given such wide choice of occupational therapy and were not as able to select an activity to their liking.

Of the women who embroidered those who had 'marked religious feelings', four in number, all liked the activity, whereas only five out of eight of those who did not have

'marked religious feelings' liked embroidery. The delicate 'work' of embroidery may be an expression of the sensitive feelings so closely associated with religion and perhaps indicates the relationship between the total feeling tone of the individual and the expression of it through a specific activity.

A sense of humor was not found in any of the cases with the exception of case 6, who gradually showed signs of a budding sense of humor as he got well, although when he first was hospitalized he was fearful, almost panicky, and exhibited no laughter at all but only seriousness. Perhaps more could be done in the way of helping patients develop a sense of humor, although it is probable that this would have to be done on an individual basis, since what is funny to one person is not at all funny to some others. The hebephrenic patient is an illustration of this, since it is difficult to see what is funny about some of the things he is silly about, such as the death of his mother or a broken leg. It may be that his silliness is a strenuous but unsuccessful attempt to 'laugh off' his troubles.

Mental illness is an emotional sickness. Instead of exhibiting the accepted normal emotion toward their experience, these individuals, for one reason or another, fail to respond in the customary way. This abnormal emotional response may consist in being excessively joyful, sad or

anxious when there is no apparent situation to warrant such a reaction. It may be that since the emotional outlook of the patients is different from that of ordinary persons, that what is presented to them as a recreational activity really is not, especially if the character of an activity is recreational according to one's attitude toward it, a view discussed earlier in this work.[1] To support this conjecture there is the evidence of two schizophrenic patients in this study who, although they were resistive to the form of recreation available during the regular evening period, engaged in puzzle solving of their own accord.[2] One of them thought that she must be improving, since she showed an interest in games.

Since it is the rule rather than the exception for the patients at the State Hospital for Mental Diseases of Rhode Island to have their recreation in groups, the social influences are important to take into account. Frequently, patients become adjusted to the hospital group but must make another group adjustment to the community when they leave the hospital, although almost everyone is continually making readjustments to different groups, but the social situation in a hospital, because it is composed of ill persons, is not the same as one outside the institution.

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1 page 13
2 cases 10 and 17

One of the primary differences between the group situation the patient finds inside and outside the hospital is in the degree to which his or her idiosyncrasies are accepted. The anxiety of the psychoneurotic patient, for example, is not looked upon as outstanding in the hospital group, although as soon as he exhibits the same behavior in another group outside the hospital he is marked as 'queer', the effect of which is to accentuate his feelings of fear. In the hospital group a patient is able to feel some sense of social position, although upon leaving and associating with another group, the sense of inferiority is more marked.

The room in which regular recreational activities were periodically held for the patients appeared to be valuable as a type of place to carry on social functions. The bright atmosphere, afforded by the indirect lighting and the green colored walls, lent a stimulating effect to the situation, which seemed to be valuable in arousing patients to participation.

Further Research:

One of the general conclusions that can be made is that recreation needs to be studied more for its possibilities as a means of expressing fully the needs of human nature. On the basis of further experimental study more adequate plans can be made for providing truly recreational activities for our populace. Suggestions for further studying recreation

among patients follow:

1. Since recreation appears to be associated with one's attitudes rather than with particular activities, it might be profitable to study the reaction of regressed patients, who seem to be child-like in their interests, toward clay modeling, painting and play with wooden blocks.

2. Since work and play seem to be closely related an investigation of the relation of the patients' attitudes toward their work and play would perhaps be valuable. A mere listing of the occupations would not reveal the attitude of the patients toward their work, since most persons are forced by economic necessity to pursue the work they do. It might also be profitable to investigate the relation of work and play attitudes in so-called normal individuals.

3. The problem of studying the value of recreation in aiding the recovery of patients is complicated by the medication received, although this is not true of the psychoneurotic patient, who looks upon the hospital largely as a refuge from pressures of the world. From studying the two psychoneurotic patients in the group, it seemed as though they benefited to a great degree from the recreational activities, deriving from them a sense of security and recognition. An investigation of this type of patient might be, consequently, instructive.

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